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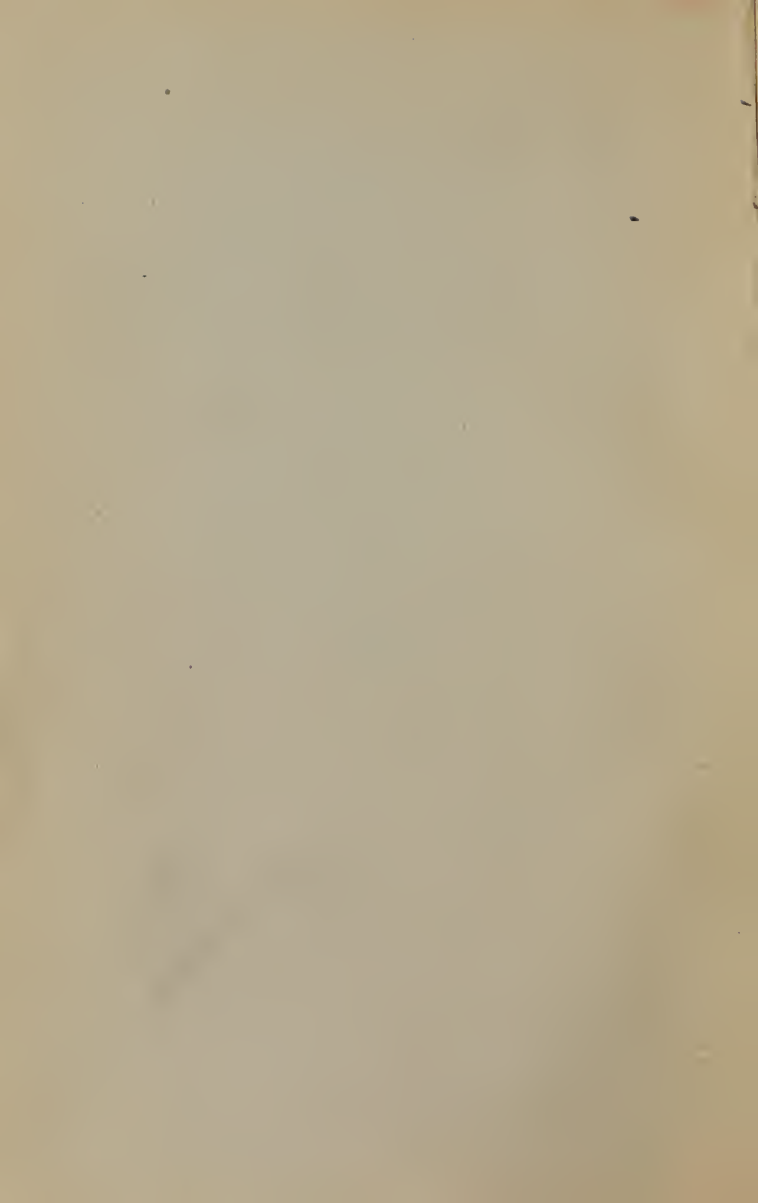
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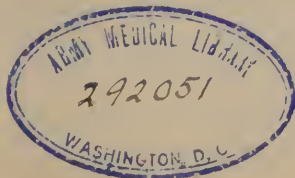
## DIPHTHERIA.

— BY —

DE FOREST HUNT, M. D.,

COMPRISING A GENERAL HISTORY OF THE DISEASE; AND  
A MANUAL OF READY REFERENCE FOR THE USE  
OF STUDENTS AND PRACTITIONERS.

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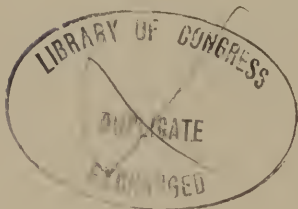


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TO MY FATHER.

S. M. HUNT, M. D.,

OF MARATHON, N. Y.,

S AMONG THE FIRST, IN THIS COUNTRY, TO WIT-  
THE APPROACH OF DIPHTHERIA, AND DIAGNOS-  
TICATE IT AS SUCH,

HIS LITTLE VOLUME IS AFFECTIONATELY  
DEDICATED.



## PREFACE.

In writing this little book on diphtheria, my object has not been to introduce any new theories in regard to the nature or origin of the disease ; but simply to give, in as brief a form as possible, a general history as far as known, and to furnish a diagnostic and characteristic compendium, from a homeopathic stand-point, with the purpose of supplying a want long felt and frequently expressed.

Nearly every publication relating to diphtheria, emanating from homeopathic physicians, has been chiefly confined to cases occurring in epidemics and theories regarding the disease ; while the phenomena relating to it has remained unnoticed, and the treatment recommended so general as to afford no guide to the student.

In this manual, I have endeavored to furnish an outline of pure homeopathic treatment ; and every remedy mentioned has been carefully selected according to its characteristic indication.

DE FOREST HUNT, M. D.

WILL

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# DIPHTHERIA.

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## HISTORICAL.

**N**EARLY all modern medical writers concur in the belief that the disease known to us as diphtheria is of great antiquity. It has prevailed, however, at periods separated by very irregular intervals; and sometimes many centuries have intervened between its advent, decline and recurrence. On reappearing, it has frequently been considered a new disease; and, consequently, has received different names, according with the various circumstances under which it has been noticed.

A similar disease is vividly described in one of Homer's idyls ; but the first authentic account of diphtheria is given by Hippocrates, who calls it *Maylum Aegyptiacum*, a name by which it was also known in Northern Egypt, in the early part of the second century. After this period there is no record of its existence until 1557, when it prevailed in Holland to an alarming extent ; destroying by its ravages over eighty per cent of those attacked.

From Holland it gradually spread to other parts of Europe ; but more especially to Spain, where it raged with such virulence, in the latter part of the sixteenth century, as to destroy thousands by suffocation ; whence it was called *garotilla*.

In 1635, a few cases of diphtheria appeared among the early colonists of New York. Although quite malignant in character, the disease did not become epidemic, but disappeared on the approach of cold weather.

From this time forward, for a period of over two hundred years, it was entirely unknown on

this continent; the first epidemic appearing in the United States, in 1856.

From 1805 to 1830 several epidemics were reported in France; and it was during one of these, in 1821, that M. Bretonneau, of Tours, in a treatise written for the French Academy of Medicine, first applied the name diphtheria to this disease.

Previously it had been known under various names: such as *malignant pharyngitis*, *angina membranacea*, *angina gangreosa* and putrid sore throat. In his treatise, Bretonneau conceived the inflammation of the mucous membrane without thickening or destruction of its tissue, accompanied by a concrete membranous exudation, to be so anomalous as to deserve distinction, as a specified inflammation; hence he designated this phylegmasia by the term *diphtherite*, from a Greek word signifying a pellicle.

In the spring of 1856, there appeared simultaneously, in the States of New York and California, several cases of a sporadic character. In February of that year, Dr. S. M. Hunt treated

cases of this disease, in Broome and adjacent counties, in New York State. He at first believed it to be malignant sore throat—the angina of Cullen; but on its assuming an epidemic form, he recognized it as the diphtheria of Bretonneau.

From that date to the present, diphtheria has gradually spread over nearly every part of North America, and is now equally well known in almost every inhabitable portion of the globe



## PROPAGATION.

No climatic influences destroy its poison ; though its character may be temporarily changed. Cold weather may modify the epidemic, by destroying exposed infectious germs; while warm weather, damp atmosphere, miasmatic or local causes tend to a more rapid development of the poison, and to an aggravation of the contagion.

This accounts for epidemics traceable to local causes, such as defective sewerage and the decomposition of animal and vegetable matter. Yet epidemics often prevail where these exciting causes do not exist; as in well-drained mountainous countries, or cleanly cities of most perfect sewerage.

It is therefore evident that diphtheria does not depend entirely on local causes for its propagation, and that it may not develop where the atmosphere is thoroughly impregnated with the

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products of decayed matter; although prevailing epidemically in an adjacent district.

This would seem to prove that hygienic conditions are of themselves insufficient to originate the disease, and that it is due to some specific germinal virus.

### PERSONS SUBJECT.

Those usually attacked by diphtheria are persons already debilitated by malarial or constitutional causes, and whose systems thus offer an easy prey.

Its ravages are principally confined to those who suffer a scrofulous diathesis, or who are subject to glandular swellings or catarrhal, or croupus affections, and persons of a mild, yielding disposition, especially if of light complexion.

Although no age is exempt from attack, it is principally confined to children, and rages chiefly among those between the ages of three and twelve.

Infants are seldom affected with diphtheria. and old people very rarely, excepting under circumstances of continued infection.

## DIFFERENT SPECIES.

Several species of diphtheria have been described, and given various names, by late medical writers, according to the localities or forms in which the disease has appeared.

Prominent among these various forms are the **Croupoid**—first described by Bretonneau—in which the trachea appears to be the principal organ affected:

**Catarrhal:** Where the mucous membranes of the nostrils are especially involved;

**Laryngeal:** Similar to croupoid—the larynx being the seat of inflammation;

**Gangrenous:** Where gangrene of the tonsils and palate occurs;

**Septic:** In those cases manifesting excessive blood-poisoning by the early appearance of general putrefaction; and

**Sporadic:** From accidental causes, independent of epidemic or contagious influences.

It is the purpose of this treatise to allude to these various forms of attack only in a general way, while describing the characteristic symptoms and the phenomena incident to the disease.

#### ESSENTIAL CHARACTERISTICS.

In his treatise, read before the French Academy of Medicine, in 1821, M. Bretonneau showed that the essential characteristic symptom of diphtheria was the exudation on the inflamed mucous membrane. This exudation might be of various extent in appearance, white or ashy-colored, separate or coalescent, of a uniform crust, and extending downward into either the esophagus, larynx, trachea or bronchia, or upward to the nasal fossæ. Occasionally the false membrane extends into the stomach.

He believed diphtheria to be a species of croup depending, like influenza, on certain conditions of the atmosphere, and that it becomes epidemic and may be made contagious in the form

of atoms or fluids. M. Guersent, formerly physician to the Children's Hospital in Paris, and Prof. Wagner, a German writer, support the view of Bretonneau, that croup and diphtheria are identical—the false membrane being formed by the throwing out of fibrinous exudation over the surface, depending upon a fibrinous degeneration of the cells.

### CONTRASTS.

If we except the symptoms manifest in the croupal form of diphtheria, it would seem difficult to understand what analogy there can be between the diseases, since membranous croup is essentially a disease of young children, the result of cold, strictly inflammatory, rarely met with, and never epidemic or contagious; while diphtheria is a septic poison, contaminating the blood like scarlet fever, which it resembles in many respects, and is both epidemic and contagious.

### NEW THEORIES.

Many scientists, since Bretonneau, have advanced new ideas and theories in regard to diphtheria.

Prof. Hallier, of Jena, was the first to discover, by microscopical examination, the *fungi* in diphtheritic membrane, and to observe their growth, and destruction of surrounding tissue. He called these funguses *micrococcus* or *bacteria*, and believed them to be the germs of diphtheria. These parasites, generated from vegetable ferment, located on the mucous membrane of the throat, exciting inflammation and consequent destruction of membrane, might be transported into the blood and the various organs of the body.

The views of Prof. Hallier are generally sustained by writers of the present day; though of late it has been proved, by Oertel and other scientists, that bacteria do not necessarily exist in diphtheria, and are not found unless an abrasion of the epithelium has happened, and not till after the tissue is destroyed by putrefaction; and that they are, therefore, the product and not the cause of the disease.

It has been suggested that diphtheria probably originates in the lower animals, in a primary form, which, on being communicated to

man assumes the character of diphtheritic exudation.

### VEHICLES OF CONTAGION.

The contagion may be conveyed in various ways.

Mr. Power, British Medical Inspector, has a theory that milk may be made the vehicle of diphtheritic poison, by changes in the condition of the cow. In support of this view, he furnishes statistics showing that, in a certain infected district, four hundred and seventy-three families were furnished by two milk dealers, who obtained their supplies from the same wholesale dealer. Out of this number of families, sixty-eight, or about one in seven, were invaded. Out of two thousand, two hundred and twenty-eight households, in the same district, who were supplied with milk from other sources, only thirty were affected, or one family in seventy-five; so that the disease was more than ten times as frequent in the former families as in the latter. Mr. Power also claimed many similar instances, which had come under his observation, showing the connection between diphtheria and sources of milk.

## ORIGIN.

Several ingenious attempts have been made to establish a cause of diphtheria. Some writers have undertaken to show that it prevailed extensively in localities where kerosene had been used for illuminating purposes, and have alleged some connection between the discovery and use of petroleum, and the appearance of the disease.

Certain diseased conditions of potatoes, corn, wheat, and other vegetables and cereals, have been objects of suspicion; and theories supported by reported results of investigation have been advanced to fix the origin of diphtheria in an unwholesome and contaminating diet of such diseased articles of food. Whatever interest may be taken in these inquiries into the cause of the disease, a thorough examination of such researches leads directly to the conclusion that the



most liberal discussion and assiduous chemical and microscopical investigation have so far failed to establish any conclusive proof as to the nature or origin of diphtheria.

## SYMPTOMS.

**Premonitory.** In observing the advent of diphtheria premonitory symptoms denoting alteration from usual health are rarely noticeable. The first appearance is increased vascularity of the mucous membrane of the throat, usually accompanied by slight chills, followed by fever—symptoms common to the commencement of any sore throat.

**Attendant.** These symptoms are soon supplemented by stiffness of the neck, heat and pain in the throat, with some difficulty in swallowing. The swelling of the glands is often perceptible at this stage; and a general lassitude is manifest. Upon examining the throat now, we find a diffused redness of the tonsils, uvula and soft palate, which may extend over the fauces, well up into the roof of the mouth.

This redness (rather bright and distinct at first) soon loses itself insensibly, in the healthy membrane, —growing gradually darker, until, generally, in the course of about twelve hours, or at times much earlier, it presents a dusky, purplish appearance.

The mucous membrane, during this time, seems puffed, as though raised by subjacent effusion or infiltration, and as though the capillary vessels were engorged to the fullest possible extent.

**Positive.** Upon the surface of the inflamed membrane, but more especially on the tonsils, we find small patches, which are at first distinct or isolated, and apparently confined to the mucous follicles; but which gradually coalesce, and finally form layers of various extent and thickness, on the removal of which the membrane underneath appears of a bright red, or livid color.

**Exudation.** These exudations may be confined to the tonsils, presenting a white or yellowish, or grayish appearance; or, in more severe cases, they may extend from the mouth

and throat into the nasal fossæ, or into the esophagus and air-passages.

After the fever subsides, the spurious membrane gradually becomes detached, hanging in thick shreds, or, loosening about the edges, sloughs off in the course of three or four days—new formations rarely taking place.

Instances have been known where the pseudo-membrane, extending to the trachea, has been thrown off entire, resembling in appearance a healthy membrane of the most delicate texture, with a perfect cast of the parts over which it had extended.

**Diagnosis.** As previously stated, the first symptoms of diphtheria are very similar to those of any common inflammation of the throat. It is impossible, therefore, to announce a decided diagnosis, until after the discovery of the false membrane; though our suspicions may be previously well founded, since, in some instances, several days elapse before the inflamed surface exhibits a trace of exudation.

## PROGRESSIVE SYMPTOMS.

**Phenomena.** After the exudations become distinct, the progress of the disease is quite rapid.

There is increased prostration and disorder of the nervous system; the fever is peculiar, the pulse being weak, and not rapid as in other inflammatory diseases; while the skin is either hot and dry, or moderately warm, or even cold. The act of deglutition becomes more painful and difficult; so that liquids are often returned through the nostrils; the cervical and sub-maxillary glands become more swollen and painful, and an acrimonious secretion, sometimes mixed with portions of false membrane, is discharged from the nose.

**Croupoid.** If the inflammation extends to the larynx and trachea—which may be simultaneous with the first symptoms of approach, or during the progress of the disease—we then find, in addition to the symptoms mentioned, a greater degree of feverishness, accompanied by a croupy cough.

The breathing becomes laborious, and often convulsive. In some cases the countenance is injected, the expression anxious, the nostrils dilated, the veins of the neck prominent; the cough frequent, dry and harsh—sometimes with slight expectoration of mucus—and the voice croupal.

**Bronchia.** An extension of the inflammation to the bronchia is indicated by increased difficulty in breathing, expectoration of limpid mucus, and by the mucous sound early detected by applying the ear to the chest.

**The Stomach.** If the stomach is affected, we discover evidence of exudation by cramp-like pains in the stomach and bowels, with extreme nausea, and vomiting of ingesta with membranous shreds.

**Catarrhal.** Though the croupal form of diphtheria is oftener met with in epidemics, occasional epidemics prevail where the inflammation extends from the throat and mouth into the nasal fossæ, as far, in some instances, as the frontal sinus; but seldom reaching the external openings of the nostrils. In these cases,

the usual diphtheritic symptoms are accompanied by catarrhal discharges of thick, purulent matter, or excoriating watery or sanious fluid from the nostrils, and sometimes from the eyes and ears.

**Gangrenous.** When the local and constitutional symptoms assume a typhoid form, we have what has been called *gangrenous diphtheria*.

The false membrane, in these cases, becomes softened into a gangrenous sloughing tumor, or hardened into dry, black crusts, which may completely surround the air passages, crowding up into the roof of the mouth or out on the tongue, depressing this organ, which hangs, dry and swollen, from the mouth.

The appearance of the exudation, and the fetor, which it acquires under such circumstances, has led to the suspicion that there was gangrene and sloughing of the mucous structure ; but it has been clearly demonstrated that the phenomenon is owing entirely to the putrid condition of the false membrane, and that the true membrane beneath these concretions is rarely disturbed to

even the extent of ulceration,—the mucous surface being left in perfect integrity.

**Appetite.** The appetite in diphtheria, at first changeable, is soon entirely lost, and is at length superseded by positive repugnance even to the sight of food.

**Tongue.** The appearance of the tongue varies according to the extent of inflammation, and is similar to that observed during the progress of any inflammatory disease, being sometimes quite natural, or red, or coated white, brown or yellowish, or covered with papillæ, or revealing within the coating patches of mucous membrane.

**Vomiting.** In the early stages, vomiting sometimes occurs; but rarely later than the first day, excepting in cases where the stomach is involved by the extension of the exudation.

**The Urine.** The urine may preserve a natural appearance throughout, or it may, on examination, reveal traces of albumen, which increase as the disease advances, and are followed by partial or total suppression.



**Eruption.** An eruption is occasionally noticed on the body, resembling that of scarlet fever or measles.

This rash seldom remains for any length of time—has no regularity in its appearance, and may come or go without any visible effect.

**Rheumatism.** Rheumatism is sometimes an accompaniment of diphtheria, rarely noticed, however, except where there is a constitutional rheumatic tendency.

**Glandular.** The local symptoms of the throat are, as already mentioned, swelling of the submaxillary and cervical glands. These glands are always prominently affected—at times being excessively swollen, involving the parotids, and occasionally suppurating as in scarlet fever.

The excessive tumefaction of these glands frequently indicates the malignancy of the attack, before it is discovered by an examination within the throat.

## PROGNOSIS.

The prognosis of diphtheria must, of course, be extremely various, since it depends on the form or type of the disease, constitutional peculiarities and the age of the patient.

In a light form, when the inflammation is confined principally to the pharynx and the exudation does not extend beyond the tonsils, little anxiety need be felt; still our prognosis should be cautious, as violent symptoms may present themselves quite unexpectedly, at any time.

**The Fever.** The grade and character of the fever has, perhaps, the most important bearing on the prognosis of the case. If not moderated or controlled by the second day (especially if the inflammation and subsequent exudation appear simultaneously in the throat and trachea, or spread from the former to the

latter,) the danger is imminent; and if the fever continues much beyond the third day, there is always danger of fatal results, though patients sometimes linger along, with remittent fever for weeks and months, finally dying with blood-poison or paralysis.

**Antecedents.** When recently preceded by an eruptive disease, especially scarlet fever, small-pox or measles, an unfavorable termination may be invariably prognosticated, owing to the already impoverished condition of the vital forces.

#### UNFAVORABLE SYMPTOMS.

Among prominent unfavorable symptoms are.  
*Extension* of the exudation to the larynx or trachea;

*Extension* of the exudation forward of the palate;

*Extension* of the exudation into the stomach;

*Repeated* hemorrhages from the nose, mouth or throat;

*Acrid* discharges from the nostrils or ears;

*Continued* repugnance to food;

*Diarrhœa* and vomiting;

*Excess* of albumen, and suppression of the urine;  
*Copious* flow of sanious urine.

Cold extremities, difficult expiration, or convulsions indicate rapidly approaching dissolution.

### FAVORABLE SYMPTOMS.

Favorable symptoms are,

*A regular abatement* of bodily heat, and moderation of pulse ;

*Decrease* of the glandular swelling of the neck;

*Separation* and breaking up of the exudation in the throat ;

*Healthy* appearance of the mucous surface upon the subsidence of inflammation ;

*Disposition* to returning appetite and strength.

### SEQUELÆ.

**Prostration.** The sequelæ of diphtheria are frequent, and at times formidable. Nearly every case of any severity, and occasionally those that have been so mild as to excite but little alarm, are followed by great loss of vitality, and nervous prostration from which the patient is slow to recover.

## COMPLICATION.

In malignant cases, catarrhal, croupoid, and bronchial complications may be expected, and may continue indefinitely.

Under similar circumstances we find tingling sensations in various parts of the body; extreme sensibility to atmospheric changes; numbness, and partial or total paralysis; loss of taste, smell and hearing; gastrodynia, impaired vision and strabismus.

**Abscesses.** Abscesses may form in any part of the body; but especially in the lymphatic, parotid and sub-maxillary glands; suppurating favorably or otherwise.

**Ulcers.** Ulcers sometimes occur as a sequela on the body; but are more apt to be noticed on the tonsils or walls of the pharynx. If occurring in the throat, the traces are never obliterated.

## DIFFERENTIAL DIAGNOSIS.

There are several diseases with which diphtheria may possibly be confounded.

**Cynanche.** Perhaps the most important of these is the disease described by Cullen as *Cynanche maligna* or malignant sore throat. The local symptoms are very similar, the mucous membrane being highly congested, and covered, in spots, with patches having a resemblance to diphtheritic pellicle, but from which they can be distinguished, in separating them from the membrane, by their revealing the true gangrenous slough beneath—the tissue showing corresponding cavities—while it will be remembered that, if the diphtheritic pellicle is removed, the membrane underneath has a smooth, bright scarlet appearance. In *Cynanche maligna*, the constitutional disturbances

are usually moderate, and the inflammation is generally limited to the throat, and does not often extend to the different openings of the pharynx; though in some instances the crusts form on the esophagus, or extend to the larynx, trachea and bronchia, as in diphtheria.

**Croup.** The fibrinous exudation and obstruction of the air-passages, which take place in membranous croup, may be mistaken for diphtheria. In croup, however, there is no swelling of the glands or difficulty in swallowing. The inflammation is confined to the trachea and bronchia, and seldom extends to the fauces or pharynx. There are seldom any typhoid symptoms. Croup is always the result of cold, and never epidemic or contagious.

**Quinsy.** The local symptoms in quinsy, in some respects, closely resemble diphtheria, inasmuch as there is the same general inflammation of the tonsils, uvula and soft palate, and difficulty in swallowing, which is rather more aggravated than in diphtheria. The tonsils are sometimes covered with coagulable lymph

of whitish crusts, distinguishable by being soft and movable.

**Laryngitis.** Acute laryngitis presents symptoms like those of diphtheria; the fauces being, occasionally, red and swollen, or turgid and of a dark color; though this appearance by no means necessarily exists in laryngitis; as the inflammation is often confined entirely to the larynx, which is exceedingly sensitive, on pressure, which is not the case in diphtheria, except when the larynx is extensively involved.

The dyspnea is unremitting, while in diphtheria the difficulty in breathing is by no means constant.

**Scarlet Fever.** The symptoms manifest in scarlet fever are also liable to be mistaken for diphtheria,—the entire mucous membrane of the mouth frequently showing great congestion; the tonsils swollen and covered with patches; the breath, in malignant cases, having a similar odor; the same glands of the neck are involved; and, indeed, most of the structural lesions present similar analogies.



**Rash.** The eruption, which sometimes appears in diphtheria, may readily be distinguished from the rash characteristic of scarlet fever. In the latter disease the rash is much more distinctive, is always more or less prominent, and disappears with desquamation; while the diphtheritic eruption lends no particular signification to the disease, and may appear and disappear without any perceptible effect on the ordinary symptoms or on the character of the case.

There are no other diseases appearing in a malignant form, and of a different nature, that so closely resemble each other as do diphtheria and scarlet fever.

Both show the same destruction of blood-corpuscles, and require the same class of remedies in their treatment.

## DIPHThERITIC CONTAGION.

That diphtheria is an active contagious disease appears to be a debatable question. It is certainly not so decided or uniform in its infection as the contagion of scarlet fever; from which we may conclude that it is only moderately contagious, under ordinary circumstances.

**Atmospheric Infection.** Its atmospheric influences seem confined to a limited locality, beyond which it seldom spreads, though there may be constant inter-communication between the infected and healthy districts. While this is the rule, some exceptions must be admitted; for we occasionally hear of instances, where the disease has unquestionably been communicated, at a considerable distance, through the medium of a healthy person, who evidently transported the contagion, without being affected with the disease.

**Probable Mediums.** But, under ordinary circumstances, the rule undoubtedly applies, that the poison of diphtheria can not be carried about, as in scarlet fever and small-pox; probably because its exciting properties are more easily destroyed by exposure to fresh air. Yet the curious spectacle is presented, of its clinging with tenacity, for years, to a particular house, and soon attacking all persons who inhabit it.

The contagion of diphtheria, then, would seem to depend upon the fomites lurking about the bodies of those suffering with the disease, and may be communicated through the breath or the atmosphere of a poorly-ventilated apartment; and there are also good reasons for supposing that the virus may be transported on the person under favorable (but not as yet well-defined) circumstances; and thus transmitted to susceptible subjects.

## OBSERVATIONS.

**Degrees.** Like all inflammatory diseases, diphtheria assumes a much more malignant type some seasons than others. It appears, also, that the various forms may be produced by exposure to the same exciting cause, and that mild and severe cases may exist in the same family.

**Repetition.** In regard to repetition, however, diphtheria is an exception to the rule generally applicable to other contagious diseases ; since a person who has had it is not exempt from future attacks, though it is rarely repeated in a malignant form.

## PROPHYLACTIC MEASURES.

Free ventilation, general cleanliness and seclusion of the sick are hygienic measures that should be strictly observed. Every person known to be sick with this disease should be completely isolated.

The sick room should not only have plenty of fresh air, but as much bright sunlight as is consistent with the circumstances.

**Disinfection.** All secretions of the body should be carefully removed; the clothing used by the patient destroyed, and the room and its contents disinfected as soon as practicable.

The use of the ordinary means for disinfecting premises apparently proves of little avail as far as destroying the germs of diphtheria is concerned; so that, if the disease spreads by fungi, such disinfectants as carbolic acid,

chloride of lime, and copperas exert no influence in their destruction.

**Alcohol.** It has been claimed by Grauvogl and others that strong spirits of brandy, alcohol and camphor destroy the bacteri; while others advocate the use of the fumes of sulphur and coffee.

**Tobacco.** I have observed, in my experience, during an epidemic which prevailed in Grand Rapids, Michigan, in 1877 and 1878, that in families where tobacco was in frequent use a greater number of children escaped the disease, or had it in a milder form, than in those families where the use of tobacco was unknown, although the same surrounding influences existed.

From close observation and considerable inquiry in regard to this subject, I am led to believe that tobacco undoubtedly possesses antiseptic properties of sufficient importance to warrant its use as a preventive and disinfectant in diphtheria.

**Sulphur.** Sulphur would appear to have the same analogy to diphtheria that belladonna has to scarlet fever.

## MORBID ANATOMY.

The morbid appearances presented upon examination of those who die of diphtheria, must necessarily vary, according to the progress made by the disease at the time of death.

**Inflammation.** In the croupous form, death often takes place in a few hours; when we find the inflammation confined principally to the trachea, the tonsils and pharynx presenting but slight traces of inflammation.

In nearly every case, however, we find, on dissection, that the mucous membrane of the mouth and throat shows more or less evidence of inflammation; the membrane appearing of a dark, livid color; the false membrane, in nearly every instance, covering the tonsils and pharynx, and extending to the larynx and trachea. In addition to the pseudo-membrane,

we find the same parts filled with an effusion of thick, tenacious matter.

**Gangrene.** In but few cases is there anything like true gangrene of the parts. Ecchymosis of small extent; with slight erosion of the tissues, in some cases, where the disease has existed a long time.

**The Veins.** In the septic form, we find the veins more or less filled with pus; and in all varieties, traces of engorgement in the liver and kidneys.

**The Brain.** Upon opening the brain, we sometimes find arborescent vascularity, with effusion between the archnoid and pia mater, and the ventricles filled with serum, though usually there is no marked disturbance of the functions of the brain.

**Paralysis.** A morbid examination fails to reveal any traces of paralytic lesion in those who have died from paralysis; indicating that this result is brought about from mere functional disorder of the nervous centers.



**Traces.** Traces of inflammation have been observed in nearly every part of the body—the exudation having been found in the rectum, vagina and uterus, and on the mucous surface of the eye.

## RATES OF MORTALITY.

The rates of mortality in diphtheria have largely depended upon localities and seasons.

**Ancient Accounts.** According to the accounts furnished by Homer, its ravages were so great as to destroy nearly every person attacked.

It was nearly as malignant in Egypt, in the second century.

**Holland and Spain.** The epidemic which prevailed in Holland and Spain, from 1557 to the latter part of the sixteenth century, reached a mortality rate of eighty per cent.

**Russia.** In the epidemic raging at present, (1879,) in Eastern Russia, the number of deaths has exceeded that of any other epidemic of modern times.

The disease has spread over an extensive tract of country, and eighty-five per cent. of those attacked have died.

**France.** The French Academy of Medicine has a published record of epidemics, from 1805 to 1830, showing a mortality of about twenty-five per cent.

**Old School Rates.** The average death-rate in later years, under old-school treatment, has been about twenty per cent.

**Homeopathic Rates.** Reports gathered from various parts of the country show that, under homeopathic treatment, the results have been very satisfactory, and that the rates of mortality will not exceed an average of five per cent.

**Neidhard.** Dr. Neidhard, during an epidemic in Philadelphia, reports but two deaths out of three hundred cases treated by him.

**Carr.** Dr. G. H. Carr, of Whitehall, Michigan, during the fall and winter of 1878-'79, treated one hundred cases, without any deaths.

**J. P. Dake.** Dr. J. P. Dake, in 1861, treated, within the period of four months, one hundred and ninety-three cases, at Pittsburgh, Penn., losing seven of the number.

**Wm. C. Dake.** Dr. Wm. C. Dake, of Nashville, Tenn., in two months treated twenty-six cases, mostly of a malignant type, of which he lost two.

**Brigham.** Dr. J. N. Brigham, of Grand Rapids, Michigan, lost but one case out of fifty, in the summer and fall of 1877, during a period when it was exceedingly malignant.

**Wilson.** Dr. G. H. Wilson, of New Meridan, Connecticut, treated two hundred and twenty-five cases, with eleven deaths.

Out of two hundred and fifty cases, treated by myself, in Grand Rapids, during two epidemics, I lost eight. Out of the number treated, one hundred and thirty-nine were females; one hundred and eleven males.

Two hundred and six were children between the ages of three and fourteen years ;

Ten between the ages of fourteen and twenty, and thirty-four between the ages of twenty and forty.

In the cases of all, above the age of fourteen, who had the disease, it appeared to come from

infection, following after other cases in the family.

Of those who died from the disease,

Four succumbed to croupal causes,

One to laryngeal complication,

Three to paralysis of the heart.



## TREATMENT.

The early history of the disease shows that the manner of treatment pursued in ancient times was very similar to the course adopted by the old-school physicians of the present day. A growing *materia medica* and, naturally, increasing knowledge have tended to reduce fatality ; and a few of the antique superstitions have been abandoned ; but their practice is still purely experimental, and the general lack of method or system, that characterized the old-time treatment, has been preserved intact by these faithful, modern custodians of glaring antelucan errors.

Our distinctiveness, as homeopathic physicians, consists in our therapeutic law of similars ; and, by the application of this law to diphtheria, we discover, in the homeopathic *materia medica*, the

means of treating this disease with the same degree of success that has attended the faithful observance of our distinctive principle, in the treatment of other disorders of a similar nature.

Every physician's experience must necessarily show a varied result, depending upon localities, seasons, constitutional peculiarities, and management of the case ; but where we ignore generalities, avoid experiments, and rely exclusively upon the teachings of our *materia medica*, we may reasonably expect to carry our patients safely through, in nearly all cases. To present a plan for treating diphtheria, on pure homeopathic principles, is all that remains to be done, to complete the purpose of this treatise.



## DIAGNOSTIC.

The question now arises, What have we characteristic and diagnostic in diphtheria? and a comprehensive answer would include ;

Feeling of weakness and lassitude ;

Venous congestion and structural degeneration ;

Fever and sore throat, with plastic exudation on the tonsils, pharynx, and sometimes on other parts ;

Albumen set free from the blood ;

Decomposition of exudations, and fetid discharges from the broken down mucous membrane ;

Swelling of cervical, maxillary, and parotid glands.

These characteristic symptoms, and the many attendant ones to which they lead, must govern the treatment ; and the following remedies have been selected solely for their therapeutical and characteristic indications.

## ARGENTUM METALLICUM.

MOUTH.—Dryness in mouth;

Fetid breath.

THROAT.—Region of sub-maxillary glands swollen;

Neck stiff, and pain in back of neck;

Throat looks inflamed; soreness of throat;

Dirty, grayish patches on fauces and tonsils.

LARYNX.—Rawsness in upper part of larynx; and  
soreness when coughing;

COUGH.—Cough dry;

Expectoration easy, white—like boiled starch.

NOSE.—Tickling, crawling sensation in the nose;

Nose-bleed.

TONGUE.—Blisters on tongue;

Tongue dry.

FEVER.—Moderate fever;

Pulse often unchanged; generally low;

Absence of thirst.

SKIN.—Exanthemata on skin.

URINE.—Urine turbid, pale, fetid;  
Profuse at night.

GENERAL SYMPTOMS.—Prostration;  
Restlessness and anxiety;  
Tossing about in bed ;  
Chiefly persons of irritable temperament.

## ARSENICUM.

**MOUTH.**—Dryness of mouth, with violent thirst ;

Burning in mouth, pharynx and esophagus ;

*Salivation.*—Must spit often ;

Blisters in the mouth and on the tongue ;

Aphæ in the mouth.

**THROAT.**—Dryness of the throat ;

Sharp pain and burning in the throat and esophagus—especially in swallowing ;

Painful and difficult deglutition, as from paralysis of the esophagus ;

Swelling of the sub-maxillary glands ;

Diphtheritic membrane looks dry and wrinkled.

**LARYNX.**—Great weakness, or entire loss, of voice ;

Voice hoarse, rough and hollow ;

Sensation as if a foreign substance were in the larynx.

**COUGH.**—Dry cough ; fatiguing and constant ;

Cough excited, as if from vapors of sulphur ;

Difficult expectoration of frothy yellow, green or bloody mucus.

BREATHING.—Difficult breathing; short and quick; Respiration anxious, stertorous and wheezing; oppression increased by damp weather or changes from warmth to cold.

NOSE.—Discharge of burning mucus from right nostril;

Watery discharges from the nose;

Nose-bleed, after a fit of passion.

TONGUE.—Tongue dry, cracked and trembling; or white, thickly furred, yellowish or brown.

FEVER.—Dry, burning fever, with extreme thirst, or coldness over the entire body.

Frequent colliquative sweats;

Febrile attacks, mostly morning and evening;

Fever worse at night;

Pulse quick, weak and small.

SKIN.—Skin very white, yellow, or bluish;

Eruption on skin, from size of flea-bite to lentil.

APPETITE.—Want of appetite; bitter taste of food;

Repugnance to all food;

Desire for cold water, acids, brandy, coffee and milk;

Frequent eructations;

Vomiting of food and drink;

Vomiting of yellowish, greenish, brownish, or blackish-colored matter.

URINE.—Frequent desire to urinate ;

Difficult and painful emission of urine ;

Inability to retain the urine, and involuntary flow.

Scanty urine, or abundant flow of sanious urine.\*

GENERAL SYMPTOMS.—Great prostration, and rapid failure of strength;

Emaciation and atrophy of the whole body; or body puffed and bloated;

Restless dreams, or loss of sleep;

Anxious expression of countenance, and excessive fear of death.

Symptoms generally aggravated at night.

## APIS MELLIFICA.

MOUTH.—Tough saliva from the mouth;  
Fetid breath;  
Scalding sensation in mouth and throat.

THROAT.—Tonsils swollen—bright red;  
Great difficulty in swallowing;  
Stiffness in back of neck;  
Diphtheritic patches on tonsils.

LARYNX.—Weak feeling in larynx;  
Dryness and burning in larynx;

COUGH.—Cough croupy, with ringing sound;  
Cough dry and gagging;  
Breathing very difficult.

NOSE.—Nose swollen, red and œdematous;  
Thick, white, mucous discharge from nose.

TONGUE.—Tongue swollen, dry and red;  
Tongue coated white, or covered with vesicles.

FEVER.—Insatiable thirst,—drinks often, but little  
at a time;

Dry, burning fever;

Dry, hot skin, or alternately moist skin;

Pulse accelerated, or very weak and feeble.

SKIN.—Intensely red, rash on skin;

Rash resembling measles.

APPETITE.—No appetite nor desire for food;

Craves milk;

Nausea and vomiting.

URINE.—Frequent desire to urinate;

Urine scanty, high-colored, milky, albuminous.

GENERAL SYMPTOMS.—Great prostration, and nervous restlessness;

Inclination, with inability, to sleep;

Dread of death.



## BROMIUM.

**MOUTH.**—Burning sensation in the mouth ;

Mouth dry and parched.

**THROAT.**—Swelling of the mucous membrane of the fauces and pharynx, which look purple ;

Tonsils swollen and inflamed ;

Difficulty in swallowing ;

Glands of neck swollen,—especially left parotid ;

Gray, diphtheritic patches, generally on right side ;

Solids swallowed more easily than liquids.

**LARYNX.**—Hoarseness, voice lost, or weak and soft ;

Croupal paroxysms ;

Constriction of the larynx ;

Larynx sensitive to external pressure ;

Feeling as though strangling.

**COUGH.**—Cough, with sudden paroxysms of suffocation ;

Dry, tickling cough;

Croupish cough.

BREATHING.—Gasping for breath; must sit up in bed;

Spasmodic closure of glottis;

Bronchial exudation, with stridulous respiration and mucous bronchia.

NOSE.—Watery discharge from nose;

Right nostril sore and dry;

Nose-bleed.

TONGUE.—Burning sensation on the side and tip of tongue;

*Taste*—sweetish, salty, bitter or sour.

FEVER.—Internal, burning heat, without thirst;

Hands cold and moist;

Sweat from the least exertion;

Pulse quick and weak.

SKIN.—Small pimples on the skin.

APPETITE.—Variable. Desire for acids, which aggravate the symptoms;

Aversion to tobacco;

Hiccough and nausea.

URINE.—Continued desire to urinate;

Dribbling of urine, followed by burning pain;

Urine scanty and dark;

Flakes of white mucus in urine.

GENERAL SYMPTOMS.—Stiffness in back of neck;

Great restlessness and prostration;

Depression of spirits;

Constipation or diarrhœa;

Symptoms generally aggravated at about 11 P. M.

Suitable for light-haired children.

## CANTHARIS.

MOUTH.—Inflammation of the mucous membrane of the mouth;

Frothy salivation, with streaks of blood.

THROAT.—Burning sensation, aggravated by drinking water;

Swelling of the sub-maxillary glands;

Impeded deglutition;

Diphtheritic exudation on right tonsil;

Fauces covered with white adherent crusts.

LARYNX.—Hoarseness, with painful rattling of mucus in chest;

Cutting pain in trachea;

Voice feeble, timid and trembling.

NOSE.—Copious flow of viscous mucus;

Nose swollen.

COUGH.—Occasional croupal cough;

Respiration difficult and oppressed:

Mucous sound in bronchia.

TONGUE.—Red and swollen, or covered with grayish patches;

Apthæ on the tongue.

APPETITE.—Want of appetite, with repugnance to all sorts of food;

Vomiting of undigested food, with distress in stomach and bowels.

FEVER.—Fever, which distinguishes itself by changing from a dry, burning fever, with thirst, to coldness and shivering.

SKIN.—Irritable-looking rash on the skin.

URINE.—Too copious, or difficult urination;

Urine contains shreds or coats of uniferous tubuli;

Painful or difficult emission of urine, drop by drop.

GENERAL SYMPTOMS.—Extreme prostration of strength, proceeding even to paralysis.

## CROTALUS HORRIDUS.

MOUTH.—Fetid breath ;

Mouth filled with saliva ;

Tendency to hemorrhage from roof of mouth.

THROAT.—General inflammation of throat ;

Pain in back of neck ;

Painful deglutition, and inability to swallow—  
worse at night ;

Exudations, from tonsils, to roof of mouth.

LARYNX.—Hoarseness, and weak, rough voice.

COUGH.—Cough, with expectoration of bloody  
mucus.

NOSE.—Watery discharge from nose, drop by  
drop.

TONGUE.—Brown and swollen.

FEVER.—Cold skin, with nausea ;

Dry, burning fever, with extreme thirst ;

Pulse feeble and quick.

SKIN.—Red blood-spots in skin;

Bluish or yellowish hue of skin.

APPETITE.—Loss of appetite.

Nausea and vomiting.

Bilious vomiting.

URINE.—Highly-colored urine, red or yellow;

Hemorrhage from the urethra;

Painful retention of urine.

GENERAL SYMPTOMS. — Languor, and sudden decline of vital forces ;

Hemorrhage from every orifice of the body;

Lowness of spirits, indifference to everything.

Appropriate to fat children.

## GELSEMINUM.

**MOUTH.**—Bitter, clammy, feverish taste in mouth;  
Fetid breath.

**THROAT.**—Fauces dry and swollen;  
Tonsils inflamed, — generally worse on right side;  
Swallowing causes shooting pain in the ear;  
Inflammation in the esophagus and stomach;  
Glands of the neck moderately swollen;  
Pain in back of the neck;  
Diphtheritic patches in throat.

**LARYNX.**—Hoarseness.

**COUGH.**—Croupy cough;  
Bronchial cough;  
Slow breathing.

**NOSE.**—Discharge of watery mucus from the nose;  
Edges of nostrils sore and painful.

**TONGUE.**—Nearly clean, or center covered with yellow, brown, or whitish coating.



FEVER.—Languid aching in back and limbs;

Heat—principally in head and face;

Pulse slow and feeble;

Moderate thirst.

SKIN.—Hot and dry;

Eruption like measles on skin---principally on face;

APPETITE.—Little appetite, but can take food or drink.

URINE.—Free and copious flow of urine, or difficult in nervous children;

Natural in appearance;

Albuminuria.

GENERAL SYMPTOMS.—General feeling of lassitude;

Desire to be let alone;

Can not sleep long at a time;

Paralysis.

Symptoms worse from change of weather.

## HEPAR SULPHURIS.

**MOUTH.**—Watery discharge from the mouth;  
Ulcers in the mouth;  
Salivation.

**THROAT.**—Sore throat—as if there were a plug in it;  
Painful scraping in the throat.  
Swallowing painful;  
Swelling, inflammation and suppuration of glands.

**LARYNX.**—Hoarseness;  
Pain and great sensibility of the larynx;  
Voice rough and weak.

**NOSE.**—Inflammation and swelling of the nose;  
Corroyza chiefly on one side;  
Nose-bleed especially in morning.

**COUGH.**—Croupy cough;  
Dry cough, or cough with expectoration;  
Wheezing respiration.

TONGUE.--Dry, moist, or coated.

APPETITE.--Appetite lost;

Desire for acid and wine;

Dislike to fat;

Attacks of nausea.

FEVER.—Burning fever, with redness of the face and violent thirst.

SKIN.—Eruption on skin, scarlet or like nettle-rash;

Ulcers on body.

URINE.—Slow and turbid;

Abundant secretion of pale urine;

Discharge of mucus and blood;

Albuminuria.

GENERAL SYMPTOMS.--Lassitude and nervous prostration;

Great desire for sleep;

Rheumatism:

Aggravations at night.

## KALI BICHROMICUM.

**MOOUTH.**—Saliva from mouth increased by drinking cold water; mouth dry and parched.

**THROAT.**—General inflammation of the throat;  
Painful deglutition;  
Tonsils red, swollen, and covered with white or yellowish diphtheritic patches.

**LARYNX.**—Diphtheritic croup, invading the larynx, trachea or bronchia;  
Voice hoarse, metallic.

**COUGH.**—Croupal cough; croupal symptoms worse from 2 to 3 in the morning;  
Expectoration of tough, stringy mucus;  
Slight dyspnoea.

**NOSE.**—Yellowish, ropy discharge from posterior nares;

Thick, dark, bloody discharge from nose.

**TONGUE.**—Tongue moist or dry, smooth, red or cracked;

Tongue coated yellow or brown;

Ulcers on tongue.

FEVER.—Burning heat, in upper part of body,  
with cold hands and feet;

Alternate heat and cold;

Slight thirst;

Pulse irregular, small, contracted.

SKIN.—Eruption like measles, on skin.

APPETITE.—Appetite lost;

Nausea and vomiting;

Desire for beer or acid.

URINE.—Constant desire to urinate;

Frequent discharge of watery urine;

Mucous sediment in urine;

Burning pain after urinating.

GENERAL SYMPTOMS.—Diphtheritic formation in  
nose, mouth, throat, larynx, trachea, bronchia,  
uterus and vagina.

Chiefly light-haired persons.

## LAC CANINUM.

MOUTH.—Putrid taste in mouth;

Profuse secretion of saliva—sometimes frothy.

THROAT.—Throat sore, swollen, red and glistening;

Sensation of rawness; commencing usually on the left side of throat;

One or both tonsils swollen;

Constant inclination to swallow; although deglutition is painful;

Pain in back of neck;

False membrane thick, yellowish gray, often greenish;

Inflammation shifts from side to side;

After membrane exfoliates, mucous membrane appears raw and bloody, with increased deglutition.

LARYNX.—Sensitive to pressure.

COUGH.—Constant cough, accompanying soreness.

Nose. — Mucous discharge from nostrils—excoriating.

Tongue.—Generally red and moist;  
Slight, yellow coating on tongue.

Fever.—Moderate fever;  
Thirst changeable;  
Pulse quick and feeble.

Appetite.—Appetite unimpaired;  
Desire for warmish water, with slight pinch of salt in.

General Symptoms.—Profound depression of vitality;  
Great restlessness over the entire body;  
Pricking sensation over body, arms and legs;  
Aggravation at 5 P. M., morning of one day, evening of next.

Clinical Experience.—Swelling of the cervical and sub-maxillary glands;  
Anxious expression of countenance, and fear of death;  
Plentiful discharge of urine — clear or high-colored—at long intervals.

## LACHESIS.

- MOUTH.—Dryness of the mouth and tongue;  
Sensation as though membrane on roof of mouth  
were peeling off;  
Abundant saliva;  
Bad odor from the month.
- THROAT.—Partial or general dryness of the throat;  
Extensive enlargement of all glands of the  
throat;  
Painful excoriation and inflammatory swelling  
of the throat;  
Accumulation of tenacious mucus in throat;  
Constant desire to swallow;  
Constriction of the throat;  
Ulcers in throat, extending high up into poste-  
rior nares;  
Diphtheritic patches spreading from left to right;  
Inflammation spreading from left to right;  
Pains in throat, aggravated by touch, and miti-  
gated by eating.



LARYNX.—Hoarseness. Rawsness and dryness in larynx;

Larynx sensitive to external pressure;

Suffocating feeling.

COUGH.—Dry, short, suffocating cough;

Cough, with slimy, bloody mucus.

BREATHING.—Shortness of breath,—worse after eating.

Pressure, as if from weight.

NOSE.—Flow of pus or mucus from the nose;

Swelling, redness, and excoriation of the edges of the nose;

Discharges of clear blood, or blood mixed with pus, from the nose.

TONGUE.—Tongue shining, red and cracked:

Tongue swollen and black, protruding from the mouth:

Tongue trembles, when attempt is made to show it:

Putrid odor from the mouth.

FEVER.—Icy coldness of the limbs, with desire to be near the fire;

Dry heat, principally at night, accompanied by insatiable thirst;

Pulse intermittent, or feeble and frequent.

SKIN.—Skin yellow, green or copper-colored;

Eruption resembling scarlatina.

APPETITE.—Irregular appetite;

Sickly hunger, or entire repugnance to food;

Desire for wine or milk.

Gastrodynia;

URINE.—Almost black, frequent and burning;

Discharge of offensive mucus, during micturition;

Urine albuminous; scanty or copious; sanious.

GENERAL SYMPTOMS. — Great weakness of body and mind;

Exhaustion, like that from loss of blood;

Rapid failure of strength;

Constipation, or discharges of mucus from the rectum;

Strabismus.

Symptoms worse after sleeping or eating, or at night,—commonly before midnight, or during damp or hot weather.

## LYCOPodium.

**MOUTH.**—Dryness of the mouth, without thirst;  
Putrid odor from the mouth.

**THROAT.**—Dry; burning pain in the throat;  
General inflammation, spreading from right to left;  
Fauces brownish red; palate swollen;  
Swelling of sub-maxillary glands;  
Diphtheritic patches, commencing on right side, and spreading to left.

**LARYNX.**—Weak and dull voice;  
Hoarseness; roughness and pain in larynx.

**NOSE.**—Inflammatory swelling of the nose, with acrid, fetid and corrosive discharges from the nose;

Discharges of blood, while blowing the nose.

**COUGH.**—Dry cough, day and night;  
Cough, with copious expectoration of greenish matter;

Cough, with expectoration of blood;

Short respiration;

Rattling of mucus in the chest.

APPETITE.—Loss of appetite;

Repugnance to cooked or warm food;

Desire for sweet things;

Sourness and diarrhœa, after taking milk;

Nausea and occasional vomiting;

Vomiting of ingesta and membranous shreds.

FEVER.—Transient heat;

Dry heat, or perspiration easily excited by movement;

Absence of thirst;

Pulse quick and weak.

SKIN.—Scarlet eruption on skin;

Eruption like nettle-rash;

Ulcers on various parts of the body.

URINE.—Urgent desire to urinate, and too frequent emissions;

Urine scanty, dark red, by day,—copious at night;

Urine turbid, milky:

Urine with an offensive, purulent sediment;

Albuminous and bloody urine.

GENERAL SYMPTOMS. — A total prostration of strength;

Want of vital heat;

Oedema of the face:

Fear of being left alone;

Ulcers on the body:

Desire to sleep during day, or from four to eight in the evening;

Tendency to paralysis or strabismus.

Purulent discharges from the ears:

Suppuration of the tonsils.

Symptoms worse from warm drinks, and after sleep.

Appropriate to lean persons of keen intellect.

## MERCURIUS BIJOD.

MOUTH.—Profuse saliva.

THROAT. — Left tonsil swollen; fauces dark red;  
Sensation as if a lump were in the throat;  
Hawks much; spits up a tough, white phlegm;  
Slight, superficial ulcers in the throat, in patches;  
Difficult deglutition;  
Sub-maxillary glands painfully engorged;  
Diphtheritic patches.

Worse from empty deglutition.

LARYNX.—Voice hoarse and husky;  
Complete loss of voice;

COUGH.—Cough, with profuse yellow sputa, or  
white, slimy mucus.

NOSE.—Whitish, yellow, or bloody discharge from  
nose;  
Inflammation of posterior nares;  
Exudation within the nostrils.

TONGUE.—Tongue furred; grippe.

Aphthæ on tongue;

Tongue dry. Wants to wet the mouth.

FEVER.—Cold chills, followed by fever;

Desire to drink,—but in small quantities.

SKIN.—Hard papulæ on skin.

APPETITE.—Nausea, with variable appetite.

URINE.—Frequent desire to urinate, generally with copious flow.

GENERAL SYMPTOMS.—Lassitude;

Low spirits; disposed to cry;

Restless from 12 P. M. till morning.

Suppuration of glands.

## MERCURIUS PROT. IOD.

**MOUTH.**—Mouth, lips and tongue, dry and sticky.

**THROAT.**—Throat sore, and much inflamed;

Salivary glands much swollen;

Tenacious mucus in throat;

Pain in back of neck;

Diphtheritic membrane well developed;

Worse on right side.

**LARYNX.**—Hoarseness and loss of voice.

**COUGH.**—Cough loose and rattling, with free expectoration;

Sputa thick and yellowish.

**NOSE.**—Mucus descends into the throat, causing hawking;

Spots in the nose feel sore.

**TONGUE.**—Tongue coated thickly, and is yellow;

Bright yellow at back; red on tip and edges.

**FEVER.**—Excessive thirst;



Chills, with trembling all over;

Pulse weak and irregular.

SKIN.—Bright-red eruption on skin—especially on chest and abdomen.

APPETITE.—Appetite variable; disgust at sight of food;

Nausea, with inclination to vomit.

URINE.—High-colored, copious or scanty.

GENERAL SYMPTOMS.—Considerable prostration.

Tingling sensation in the legs;

Itching, pricking all over body, worse at night.

Dull, heavy aching at base of brain;

Low-spirited and anxious;

Frightful dreams. Sleeplessness until 1 A. M.

Symptoms worse in cold or damp weather.

## NITRIC ACID.

**MOUTH.**—Putrid smell from the throat;

Great dryness of the mouth, or salivation;

Saliva fetid; makes the lips sore.

**THROAT.**—General inflammation of the throat;

Tonsils red and swollen;

Burning sensation, and pain in throat;

Swelling of the cervical glands;

Diphtheritic membrane on tonsils and fauces.

Worse when swallowing.

**LARYNX.**—Hoarseness, with coryza:

Scraping and stinging pain in trachea.

**COUGH.**—Croupy cough:

Cough dry and barking,--worse on lying down:

Purulent, yellowish expectoration, with cough;

Obstructed respiration.

**NOSE.**—Discharge of thick, purulent mucus from the nose:

Nose-bleed.

TONGUE.--White and dry:

Ulcers on tongue:

FEVER.--No thirst:

Alternate chill and fever;

Pulse weak and irregular.

SKIN.--Reddish-brown spots on the skin:

Copper or violet-colored spots on the skin:

APPETITE.--General dislike to food:

Nausea, with sour vomiting.

URINE.--Frequent desire to urinate, with frequent discharges:

Incontinence of urine:

Urine feels cold:

Bloody discharge of pus or mucus with urine.

GENERAL SYMPTOMS.--Great prostration:

Excessive emaciation:

Burning in the rectum, with frequent ineffectual desire to stool:

Anxiety and fear of death:

Aggravation of symptoms at night.

Appropriate to persons of dark complexion.

## PHYTOLACCA.

MOUTH.--Profuse saliva--tenacious, sometimes yellowish:

Mouth dry.

THROAT.—Throat sore (worse on right side); fauces dark-red and burning;

Uvula large and transparent;

Tonsils highly congested;

Pharynx dry and rough;

Parotid and sub-maxillary glands swollen;

Dirty pseudo-membrane;

Cannot drink hot drinks.

LARYNX.—Hoarseness;

Dryness of the larynx and trachea;

Spasm of glottis.

COUGH.—Dry, hacking cough;

Cough, with tough, thick sputa;

Pain in bronchia, with cough.

BREATHING.—Respiration difficult;

Loud, mucus rales;

Constant moving and gasping.

Nose.—Thin, watery discharge from nose;

Flow of mucus from one nostril, while the other is stopped;

Acrid discharge from nose.

Tongue.—Tongue fiery red at tip, or coated with yellow, and dry;

Tongue rough-coated, revealing patches of red membrane.

Fever.—Great thirst;

Body cold; head and face hot;

Pulse small and weak.

Skin.—Rash resembling scarlet fever.

Appetite.—Loss of appetite—vomiting;

Pain in stomach; vomiting of blood and slime.

Urine.—Urgent desire to urinate;

Pain in the region of the bladder, before and after urinating;

Albuminous urine;

Urine excessive or scanty.

General Symptoms.—Great nervous prostration;

Irritability and fear of death;

Pain in back of neck and head;

Diarrhœa.

## RHUS TOXICODENDRON.

**MOUTH.**—Copious accumulation of saliva, in mouth.  
Putrid breath.

**THROAT.**—General inflammation of glands of neck, with tendency to right side.

Throat sore, as from bruise, or as though torn;

Difficulty in deglutition—worse from swallowing solids;

Diphtheritic patches on tonsils, commencing on right side and extending to left.

**LARYNX.**—Burning exhalation from the larynx ;

Tendency to choke, when swallowing;

Sensation of coldness in larynx, when inspiring.

**COUGH.**—Cough generally short and dry, with short breath;

Cough, with pain in stomach;

Expectoration of bright-red blood.

**NOSE.**—Discharge of greenish, fetid pus from nose;

Swelling of the nose;

Nose-bleed at night.

TONGUE.—Tongue dry, red or brownish;

Sensation as though tongue were covered with skin;

FEVER.—Shivering and coldness;

Coldness and paleness of the face, alternating with heat;

Violent thirst;

Pulse slow and weak, or quick and strong.

APPETITE.—Repugnance to all food;

Desire chiefly for water and cold milk.

URINE.—Frequent, urgent desire to urinate:

Albuminous urine.

GENERAL SYMPTOMS. — General prostration and excitability of the nervous system;

Sleeplessness, especially before midnight.

Aggravation at night.

CLINICAL OBSERVATION.—Patient, anxious, watchful—but has great confidence in treatment;

Sleeps after midnight; but disturbed frequently by catarrhal symptoms, which are worse from 5 to 6 in the morning.

## SULPHUR.

**MOUTH.**—Burning sensation in the mouth;  
Vesicles, blisters and apthæ, in the mouth;  
Accumulation of saliva in the mouth;  
Saliva tastes saltish;  
Fetid breath.

**THROAT.**—Burning sensation and shooting pain in the throat, with great difficulty in swallowing;  
Swelling of the glands of the neck;  
Sensation as if a plug were in the throat;  
Diphtheritic exudation on the tonsils, fauces or palate.

**LARYNX.**—Voice hoarse and low,—generally in damp weather.  
Crawling or tickling in the larynx;  
Sensation as if the larynx were swollen.

**COUGH.**—Dry cough, or cough with profuse expectoration of thick, whitish or yellowish mucus;



Obstructed respiration — principally on lying down;

Shooting pain in the chest, when coughing;

Rattling of mucus in the chest.

Nose.—Inflammatory swelling of the nose;

Great dryness of nose, or discharge of burning mucus from the nostrils;

Dry scabs in the nostrils, and obstruction of the nose;

Bleeding of the nose.

Smell increased, diminished, or entirely lost.

Tongue.—Dry, rough, or cracked, or loaded with a white coating of brownish mucus.

Fever.—Excessive thirst;

Heat principally at night, or in the evening or morning;

Frequent perspiration, or body cool;

Pulse hard, quick and full.

Skin.—Scarlet-like eruptions over the whole body;

Eruption changeable;

Ulcers on various parts of the body;

Tingling, itching sensation on the body or extremities.

APPETITE.—Complete repugnance to food; or desire for meat, rye-bread, fat and milk, or sweet things;

Nausea and vomiting.

URINE.—Urine scanty or suppressed;

Frequent desire to urinate.

Involuntary emissions of urine;

Fetid urine;

Bloody urine;

Albumen in the urine.

GENERAL SYMPTOMS.—Great exhaustion, with excessive fatigue after talking;

Sharp, rheumatic pains;

Swelling of the cervical, sub-maxillary and parotid glands;

Suppuration of the glands;

Paralysis;

Aggravations at night.

Appropriate to persons subject to glandular swellings, or to a weak, exhausted constitution.

## SULPHURIS ACID.

**MOUTH.**—Apthæ in the mouth;

Sensation of dryness in the mouth;

Profuse salivation;

Putrid breath;

Swelling and bleeding of gums.

**THROAT.**—Lancinating pain in the throat;

Stiffness in back of neck;

Roughness and dryness of the throat;

Swelling of the sub-maxillary glands;

Thick, yellowish membrane on fauces and throat.

**LARYNX.**—Hoarseness, with dryness and roughness  
in the throat and larynx.

**NOSE.**—Dry coryza, with loss of smell;

Flow of watery mucus from the nose:

Epistaxis in the evening.

**COUGH.**—Dry, short, panting cough;

Cough moist, with slimy expectoration;

Cough with hemoptysis;

Dyspnœa.

TONGUE.—Tongue dry.

APPETITE.—Putrid taste, with nausea and vomiting;

Sensation of coldness or burning in the stomach;

Desire for fruit and liquors.

FEVER.—Predominant sensation of heat:

Perspiration from the least movement;

Small, feeble pulse.

SKIN.—Small red, or bluish spots, on the skin.

URINE.—Diminished secretion of urine;

Burning pain in urinating;

Blood-like sediment in urine, which is covered with a fine pellicle;

Albuminuria.

GENERAL SYMPTOMS.—Feeling of general lassitude;

Putrid-smelling fæces;

Retarded sleep;

Anxious apprehension and mistrust;

Aggravations morning and evening.

# INDEX.



# INDEX.

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	PAGE.
Abscesses, . . . . .	31
Alcohol, . . . . .	40
Ancient accounts, . . . . .	44
Antecedents, . . . . .	29
Apis Mellifica, . . . . .	54
Appetite, . . . . .	26
Argentum Metallicum, . . . . .	52
Arsenicum, . . . . .	54
Attendant symptoms. . . . .	20
Atmospheric infection, . . . . .	36
Bacteria; . . . . .	16
Brain the, . . . . .	42
Bretonnean, . . . . .	9-14
Brigham G N, . . . . .	46
Bromium, . . . . .	59
Broome Co., . . . . .	10
California, . . . . .	9
Cantharis, . . . . .	62

Carr G. H.,	-	-	-	-	-	45
Catarrhal,	-	-	-	-	-	13-24
Complication,	-	-	-	-	-	31
Contrasts,	-	-	-	-	-	15
Crotalus Horridus,	-	-	-	-	-	64
Croup,	-	-	-	-	-	33
Croupoid,	-	-	-	-	-	13-23
Cynanche,	-	-	-	-	-	32
Degrees,	-	-	-	-	-	38
Diagnosis,	-	-	-	-	-	22
Diagnostic,	-	-	-	-	-	51
Different species,	-	-	-	-	-	13
Differential Diagnosis,	-	-	-	-	-	32
Diphtheritic Contagion,	-	-	-	-	-	36
Disinfection,	-	-	-	-	-	39
Dake J. P.,	-	-	-	-	-	45
Dake Wm. C.,	-	-	-	-	-	46
Eruption,	-	-	-	-	-	27
Essential characteristics,	-	-	-	-	-	14
Exudation,	-	-	-	-	-	21
Favorable symptoms,	-	-	-	-	-	30
Fever the	-	-	-	-	-	28
France,	-	-	-	-	-	45
French Academy of Medicine.	-	-	-	-	-	9, 14, 45



Gangrene,	-	-	-	-	-	42
Gangrenous,	-	-	-	-	-	12-25
Gelseminum	-	-	-	-	-	66
Glandular,	-	-	-	-	-	27
Grand Rapids,	-	-	-	-	-	46
Grauvogl,	-	-	-	-	-	40
Guersent M.,	-	-	-	-	-	15
Hallier Prof.,	-	-	-	-	-	16
Hepar Sulphuris,	-	-	-	-	-	68
Historical,	-	-	-	-	-	7
Hippocrates,	-	-	-	-	-	8
Holland and Spain,	-	-	-	-	-	44
Homeopathic rates,	-	-	-	-	-	45
Homer,	-	-	-	-	-	8, 45
Hunt S. M.,	-	-	-	-	-	9
Infection,	-	-	-	-	-	36
Inflammation,	-	-	-	-	-	41
Kali Bichronicum,	-	-	-	-	-	70
Lac Caninum,	-	-	-	-	-	72
Lachesis,	-	-	-	-	-	74
Laryngeal,	-	-	-	-	-	13
Laryngitis,	-	-	-	-	-	34
Lycopodium,	-	-	-	-	-	77
Mercurius Bijod.	-	-	-	-	-	80

Mercurius Prot. Iod.	82
Morbid anatomy,	41
Nashville, Tenn.,	46
Neidhard,	45
New Meridan,	46
New Theories,	15
New York,	8
Northern Egypt,	8
Nitric Acid,	84
Observations,	38
Oertel,	16
Old-School rates,	45
Origin,	18
Paralysis,	42
Persons subject,	12
Phenomena,	23
Philadelphia,	45
Phytolacca,	86
Pittsburgh,	45
Positive symptoms,	21
Power Mr.,	17
Premonitory symptoms,	20
Probable mediums,	37
Prognosis,	28

Progressive symptoms,	-	-	-	-	23
Propagation,	-	-	-	-	11
Prophylactic measures,	-	-	-	-	39
Prostration,	-	-	-	-	30
Quinsy,	-	-	-	-	33
Rash,	-	-	-	-	35
Rates homeopathic,	-	-	-	-	45
Rates old-school,	-	-	-	-	45
Rates of mortality,	-	-	-	-	44
Repetition,	-	-	-	-	38
Rheumatism,	-	-	-	-	27
Rhus Toxicodendron,	-	-	-	-	88
Russia,	-	-	-	-	44
Scarlet Fever,	-	-	-	-	34
Septic,	-	-	-	-	13
Sequelæ,	-	-	-	-	30
Sporadic,	-	-	-	-	14
Stomach the,	-	-	-	-	24
Sulphur, preventive,	-	-	-	-	40
Sulphur,	-	-	-	-	90
Sulphuris Acid,	-	-	-	-	93
Symptoms favorable,	-	-	-	-	30
Symptoms unfavorable,	-	-	-	-	29
Tobacco,	-	-	-	-	40

Tongue,	26
Traces,	43
Unfavorable symptoms,	29
Ulcers,	31
Urine the,	26
Veins the,	42
Vomiting,	26
Whitehall,	45
Wilson G. H.,	46













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